

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16086**
Registrar's No. **3586**

FILED APR 18 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

I. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place)
6 wks.

d. FULL NAME OF HOSPITAL OR INSTITUTION **Alexian Brothers Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission).

a. STATE

b. COUNTY

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town?
Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location)
6004 Michigan ave. 2019

3. NAME OF DECEASED (Type or Print)

a. (First)

Herman

b. (Middle)

c. (Last)

Paule

4. DATE OF DEATH (Month) (Day) (Year)
April 4, 1953

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
June 20, 1868

9. AGE (In years last birthday) Months Days Hours Min.
84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, as it is signed)
Real Estate Dealer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis, Missouri.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
Jacob Paule

13b. MOTHER'S MAIDEN NAME
Magdalena Messmer

14. NAME OF HUSBAND OR WIFE
Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.
486-38-8521

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mary Paule 6004 Michigan ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

Pharyngeal carcinoma

1 day

10 yrs.

Chronic

19a. DATE OF OPERATION
Apr 1, 53

19b. MAJOR FINDINGS OF OPERATION
Carcinoma great tr. 2 ft. Tr. amputated.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?
260X

22. I hereby certify that I attended the deceased from **Feb 26, 1952**, to **Apr 3, 1953**, that I last saw the deceased alive on **Apr 3, 1953**, and that death occurred at **1 a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Dr. C. H. Hoffmeister M.D.

23b. ADDRESS
7702 Dorsey Ln.

23c. DATE SIGNED
4/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
April 7, 1953

24c. NAME OF CEMETERY OR CREMATORY
SS. Peter & Paul Cemetery

24d. LOCATION (City, town, or county) (State)
7026 Gravois ave.

DATE REC'D BY LOCAL REG.
APR 6 1953

REGISTRAR'S SIGNATURE
J. C. Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE
C. Hoffmeister U.S.L.C. 7814 S. Broadway

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*.....
Licensed Embalmer No. *2679*.....

P. O. Address *7814 S. Broadway*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting...
If this body is not embalmed, fact should be so stated above.